

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033217

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 118

FILED SEP 4 1963

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fort Leonard Wood		c. CITY OR TOWN Gillett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS c/o Marvin Neumann (If outside, give location) RR #2, Box 121	
3. NAME OF DECEASED (Type or print) First JAMES Middle R. Last KOWALCZYK		4. DATE OF DEATH Month August Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 Aug 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enlisted man		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin
13a. FATHER'S NAME Joseph John Kowalczyk		13b. MOTHER'S MAIDEN NAME Clara Sulminski	14. NAME OF HUSBAND OR WIFE Judith Kowalczyk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Sept 1960 until present		16. SOCIAL SECURITY NO. Judith Ann Kowalczyk RR2, Box 121 Wis	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Drowning DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowning in Gasconade Riv, St Hiwy 17, at Crocker Br	
20c. TIME OF INJURY Hour 8:50 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Gasconade River		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Pulaski COUNTY Missouri STATE	
21. I attended the deceased from 28 August 1963 to 28 August 1963 and last saw him alive on never Death occurred at Dead on arrival at 8:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jerome House, Capt, MC (Deceased or title)		22b. ADDRESS US Army Hospital, Ft Leonard Wd, Mo. 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-29-63	
23c. NAME OF CEMETERY OR CREMATORY Not Known		23d. LOCATION (City, town, or county) Gillett Wisconsin (State)	
24. FUNERAL DIRECTOR Moss-Williams Crocker Missouri ADDRESS		25. DATE RECD. BY LOCAL REG. 8-29-63	
26. REGISTRAR'S SIGNATURE Edward J. Anderson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0850
2 8480
3 2
4 0
5 1
6
7 1
8 1
9 9298
10 42
11 085
12 2-0
13 1-0

SEP 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence J. Moore

Licensed Embalmer No.

4896

P. O. Address

Waynesville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.